



Volunteer Activity Report

Volunteer Name: _____
First Name Last Name

Date of Service: _____

Time: _____ to _____

Round Trip Mileage: _____ (If telephone call, enter 0.)

Volunteer Service Provided:

Admissions Ambassador, if yes _____
Facility name (required) Patient name (required)

Ambassador Development Community Other: _____

Additional Comments:

Branch: _____

Date submitted: _____

Volunteer Manager/Assistant Signature: _____

Date: _____